



Summary of Benefits Plan D

Individual Coverage*

Medical Benefit		
Annual Deductible	Individual Coverage, In-Network	\$4,000
	Individual Coverage, Out-of-Network	\$8,000
Annual Out-of-Pocket Maximum*	Individual Coverage, In-Network	\$5,000
	Individual Coverage, Out-of-Network	\$10,000
Annual Medical Benefit Maximum	Individual Coverage	\$200,000

* After the deductible

Prescription Drug Benefit		
Annual Deductible	Individual Coverage	\$2,000
Annual Out-of-Pocket Maximum*	Individual Coverage	\$2,000
Annual Prescription Drug Benefit Maximum	Individual Coverage	\$25,000

* After the deductible

All Benefits		
Combined Lifetime Benefit Maximum – Medical & Prescription Drugs	Individual Coverage	\$1,000,000

***Plan D is not available for family coverage.**

This Summary of Benefits is part of your Policy for health coverage with AccessWV.

Note: Some members will be subject to a 6-month waiting period for pre-existing conditions before claims for services related to their pre-existing health condition will be paid by AccessWV.

AccessWV Summary of Benefits – Partial Listing of Covered Services

Medical Benefits			
	Cost to Member		
Physician Services	WV Network	Out-of-State Network ♦	Out-of-Network ♦
Adult routine physical exams (including prostate & gyn exam with Pap Smear)	\$10 copay (for office visit, other services additional)	30% coinsurance*	40% coinsurance*
Diagnostic x-ray, lab & testing	20% coinsurance*		
Screening mammogram	\$0, Covered in full		
Physician inpatient visits	20% coinsurance*		
Office visits - primary care	\$15 copay		
Office visits - specialty care	\$15 copay		
Prenatal care (routine care only)	\$0 copay*		
Second surgical opinion	\$15 copay, \$0 copay if required by AccessWV		
Well child care & immunizations	\$0, Covered in full	\$0, Covered in full	\$0, Covered in full
Inpatient Services	WV Network	Out-of-State Network ♦	Out-of-Network ♦
Semi-private room; ancillaries; therapy services; x-ray, lab, surgical services & general nursing care	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Maternity care (delivery)			
Rehabilitation facility (150 day limit per member per plan year)			
Skilled nursing facility (100 day limit per member per plan year)			
Hospital Outpatient Services	WV Network	Out-of-State Network ♦	Out-of-Network ♦
Ambulatory/outpatient surgery	\$50 copay + 20% coinsurance*	\$75 copay + 30% coinsurance*	\$100 copay + 40% coinsurance*
Preadmission testing	20% coinsurance*	30% coinsurance*	40% coinsurance*
Mental Health & Chemical Dependency Benefits	WV Network	Out-of-State Network ♦	Out-of-Network ♦
Outpatient mental health & chemical dependency (20 visit limit per member per plan year)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Inpatient mental health & chemical dependency (30 day limit per member per plan year)	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*
Inpatient detoxification	20% coinsurance*	30% coinsurance*	\$500 copay + 40% coinsurance*

* Medical deductible applies, if not already met.

♦ **Prior Authorization Requirement for Out-of-State Services:** To qualify for the coverage shown, services received from "Out-of-State Network" providers or "Out-of-Network" providers must receive prior authorization from AccessWV. Without prior authorization, a penalty will apply. This requirement does not apply to Emergency Care.

This is a Summary of Benefits provided by AccessWV and other limitations of coverage apply. Please see your Policy for more details.

AccessWV Summary of Benefits – Partial Listing of Covered Services

		Cost to Member	
Other Services	WV Network	Out-of-State Network ♦	Out-of-Network ♦
Allergy testing & treatment	20% coinsurance*	30% coinsurance*	40% coinsurance*
Cardiac & pulmonary rehabilitation (36 session limit per member per plan year)			
Dental services – accident related or coverage for impacted teeth only			
Diabetic supplies	Covered under prescription drug plan		
Durable medical equipment (DME)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Home health services and supplies			
Hospice			
Infertility treatment (diagnostic service only, artificial methods of treatment & prescriptions not covered)			
Medical supplies			
Outpatient therapies (acupuncture, chiropractic, occupational therapy, physical therapy, speech therapy, etc.) (combined limit of 20 visits per member per plan year)			
Prosthetics			
Radiation & chemotherapy			
Emergency Care	WV Network	Out-of-State Network	Out-of-Network
Emergency ambulance (medically necessary)	20% coinsurance*	30% coinsurance*	40% coinsurance*
Emergency services (certified as emergency)	\$25 copay + 20% coinsurance*		
Emergency room treatment (non-emergency)	\$50 copay + 20% coinsurance*	\$50 copay + 30% insurance*	\$50 copay + 40% coinsurance*
Urgent care	20% coinsurance*	30% coinsurance*	40% coinsurance*
Special Benefit	WV Network & Out-of-State Network (if not available in WV)	Out-of State Network (if available in WV) ♦	Out-of-Network ♦
Transplants	20% coinsurance*	\$7,500 additional deductible + 30% coinsurance*	\$10,000 additional deductible + 40% coinsurance*
Transplant-related transportation & lodging	\$0 up to \$5,000* then member pays all	Member pays all expenses	Member pays all expenses

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Prescription Drug Benefits (Preferred Drug List with Mandatory Generics)		
	Cost to Member*	
	In-Network	Out-of-Network
Generic drug	\$5	\$5 + \$3 out-of-network copay
Formulary brand necessary	\$15	\$15 + \$3 out-of-network copay
Brand requested by member	\$5 + full cost difference from generic	\$5 + \$3 out-of-network copay + full cost difference from generic
Non-formulary brand	\$50	\$50 + \$3 out-of-network copay
Maintenance medication discount	90-day supply for 2-month copay in mail order program or Retail Maintenance Network (some restrictions apply)	No discount available

* All costs are after the pharmacy deductible is met.